

command" as it is termed. The returns to the Adjutant-General's Office make no mention of the officers absent through sickness, or from being "on command." It is highly probable that the proportion of officers absent from these two causes, did not exceed one-half of the proportion of privates absent from the same causes. The apparent excess in the mortality from battle of officers over that of private soldiers, would then be subject to a considerable reduction, if those who have been actually engaged are alone compared. Such a diminished excess is, however, to be understood as restricted in its application, to battles of an ordinary degree of severity. In the harder fought battles of the Peninsula, as at Waterloo, the mortality of officers was more than 50 per cent. greater than that of privates, regarding only those who were actually engaged.

It cannot fail to excite surprise that the English army of 61,511 men, during a period of three years and five months, should have had 13,815, or 22½ per cent. constantly sick; and yet the French army seems to have been not more fortunate. It is said that in July, 1800 (immediately before the battle of Talavera), the French army in the Peninsula amounted to 275,000 men, of whom 61,000, or 22¼ per cent. were sick. What is very remarkable, and ought to have excited attention at the time, is, that the officers of the English army, and the private soldiers of the cavalry and artillery suffered in no extraordinary degree from sickness; there appears therefore to be no sufficient or satisfactory reason for the total private soldiers of the army having suffered such a vast amount of sickness. If due inquiry had been made it would probably have been found that the causes of this sickness were capable of being removed without much difficulty, as the sickness from wounds did not exceed 1½ per cent. (the proportion wounded in a year being 15 per cent., and the average duration of each case of sickness from wounds being assumed to be the tenth part of a year). A very great pecuniary saving to the nation might have been effected by the removal of these causes of sickness; for, by reducing the proportion of sick to 6 per cent., there would have been set free from the hospitals 10,000 men, to be added to the effective force of the army.

The excessive sickness suffered by the peninsula army was accompanied by a proportional excess in the mortality. The general law connecting sickness with mortality is, that there is one death wherever there are two years of sickness. An excess of 10,000 constantly sick would, according to this law, be productive of 5000 deaths in the year. In the present case the proportion of death to sickness being somewhat greater than the usual proportion, indicates the sickness to have been severer than that commonly observed. Instead of two years to each death, the proportion of one year and ten months of sickness to each death, is found to have prevailed in the peninsula army. This proportion has been obtained by diminishing the total deaths by the numbers killed and the numbers of dead of wounds in the 10 days following actions; and comparing the deaths thus reduced with the total amount of sickness observed.

55. *Statistics of the new Lying-in Hospital, Dublin.*—The *Dublin Journal of Medical Sciences*, for November last, contains an elaborate report on this subject by Dr. BEATTY, from which we extract the following interesting particulars.

The total number of women delivered, commencing April, 1834, and terminating August, 1837, was, one thousand one hundred and eighty-two.

Presentations.		Duration of Labour.	
Head, - -	1,104	Under 6 hours, - -	557
Face, - -	4 or 1 in 295½	Above 6 and under 12 - -	381
Breech, - -	25 or 1 in 47½	12 - - 24 - -	155
Inferior extremity, -	15 or 1 in 79	24 - - 36 - -	43
Superior extremity, -	5 or 1 in 236½	36 - - 48 - -	17
Placenta, - -	4 or 1 in 295½	48 - - 60 - -	4
Funis, - -	6 or 1 in 197	60 - - 75 - -	2
Head and hand, -	1	75 - - 96 - -	2
Twin cases, -	18 or 1 in 65¼	96 - - 136 - -	1
Total, 1,182		Total, - - -	1,182

<i>Presentation in Twin Cases.</i>		<i>Fate of Children in Twin Cases.</i>	
Both, head in, - - -	10	Both alive in, - - -	13
Both, feet, - - -	1	Both dead, - - -	3
Both, breech, - - -	1	One alive, one dead, - - -	2
First head, second feet, - - -	4		
First head, second breech, - - -	2	Total, - - -	18
Total, - - -	18		

Total number of children born, 1,200

Males, 614, of whom alive, 558, dead, 56
Females, 586, - - - 553, - 33

Total, - - 1,200 Total, 1,111 Total, 89

Of the 89 children still-born, there were—

Footling cases, - - -	10	Forceps cases, - - -	3
Breech, - - -	12	Perforator, - - -	5
Punis, - - -	4	Premature, - - -	12
Twins, - - -	8	Putrid, - - -	8
Arm and turning, - - -	6	Natural, - - -	19
Ruptured uterus, - - -	1	Acephalous monster, - - -	1

Mothers Died.

Of puerperal fever, - - -	11
Hemorrhage after delivery, - - -	1
Ruptured uterus, - - -	1
Abscess of the ovarium, - - -	2
Inflammation of the uterus, - - -	1
Pneumonia, - - -	1

Total, - - - 17

The following table shows the fate of mothers and children, in the cases where the labour was protracted over 24 hours.

Hours in Labour.	No. of cases.	Child alive in.	Child dead in.
Between 24 and 36	41	33	8
36 and 48	17	13	4
48 and 60	5	3	2
60 and 72	1	0	1
72 and 84	2	1	1
84 and 96	2	0	2
96 and 136	1	0	1
	69	50	19

Of the nineteen children born dead thirteen were males.

Of the eight children born dead under thirty-six hours of labour, one was in a case of convulsions occurring in a first labour, at the end of twenty-five hours, when delivery was effected by the forceps; two were cases of presentation of the breech, attended with much difficulty in passing through the pelvis; one was a case of placenta presentation, one was in a case of ruptured uterus, and three were in cases of difficult labour, in two of which the delivery was assisted by the forceps.

Of the four born dead under forty-eight hours, three were in cases of uncomplicated difficult labour, one was delivered by the forceps.

Of the two born dead under sixty hours, one was a breech case, the other a natural presentation.

The one case born dead under seventy-two hours was a breech presentation.

The one under eighty-four hours was in a case requiring delivery by the perforator.

Of the two born under ninety-six hours, in one case the mother was four days in labour before admission—delivery accomplished by the perforator. In the other the labour, though constant, was not severe.

The one case in which the labour lasted 136 hours was terminated by the perforator.

From this table, faithfully extracted from the hospital book, it appears, that of the sixty-nine women whose labour exceeded twenty-four hours, only one died, and her's was a case of ruptured uterus; that fifty children were born alive, and nineteen dead, thirteen of whom were males; and that of the nineteen children still born, *one* was in a case of convulsions, *one* in a placenta presentation, *one* in a case of ruptured uterus, *four* were breech presentations, *three* were delivered by the perforator, and the remaining *nine* were ordinary head presentations.

MISCELLANEOUS.

56. *Climate of Venice.—Its effects on consumption, &c.* By Dr. RAIMANA.—According to Ehrmann, in the province of Venice the duration of life amounts, on an average to 31½ years; in the mountainous parts of Austria it varies from 40 to 43 years. Of 100,000 persons born in Venice 16 only lived beyond 100 years; in Stiermark, 138. In the town of Venice neuroses and intermittent fevers especially are epidemic, but by no means so constant as in other marshy grounds. Scurvy is also unfrequent. Scrofula and phthisis tuberculosa, however, occur only sporadically. The air alone seems to be the prophylactic against these mischievous diseases. According to Roubandi, an excellent chemist of Nice, the air of Venice contains a large quantity of muriatic acid. Generally, its climate comprises all that is desirable to a phthisical patient; namely, a mild, humid air, not deficient in oxygen; an equable temperature; little wind; and, what is very important, no dust. The mean temperature of Venice in the 14 years 1811—24, was 57·170; the maximum temperature observed in this long period was 92°, the minimum, 18°. Tuberculous phthisis at Venice has a mild and slow course. This is especially observable in strangers residing there for that complaint. The more inflammatory characters, discharge of blood, cough, intercurrent inflammation of the pleuræ, are relieved most by the climate of the lagunes. Still more salutary is the climate of Venice against the common chronic cough, chronic inflammations of the larynx and trachea, and hoarseness depending upon an inflammatory state of the mucous membrane. This is by no means constantly the case with the southern coasts, the favourable effect of sea air being neutralized by harsh winds, and other pernicious influences. Most physicians agree that the whole of southern France, in pectoral diseases, is an improper residence, with the exception of the Hyeric Islands.—Changes of temperature, cold and biting north winds, favour the developement of such complaints.

The climate of Venice is invaluable in the prophylactic treatment of scrofula, but disadvantageous to patients with hydrothorax chronicus, asthma, or phthisis pituitosa. Chronic hoarseness produced by atony of the ligaments of the glottis, or by spasm rather than by inflammation, will be increased. It is advisable for all such as visit Venice for consumption, to leave the town during summer, i.e., from June to the end of September. In that season the evaporation of the canals is very disagreeable, the gnats troublesome, and the heat may be disadvantageous, and productive of more lassitude and weakness.

It is right to add, that from an official return recently published, the population of the city of Venice in 1830, was 98,740 inhabitants; and that in the same year 4,456 deaths were recorded. The mortality was therefore 4·34 per cent. The